

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address  <b>HESTON &amp; HESTON, ATTORNEYS AT LAW</b> BENJAMIN R. HESTON (State Bar No. 297798) HALLI B. HESTON (State Bar No. 90737) RICHARD G. HESTON (State Bar No. 90738) 19700 Fairchild Road, Suite 280 Irvine, California 92612-2521 Tel: (951) 290-2827 Fax: (949) 222-1043 ben@hestonlaw.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re:  <b>Jason Darnell Hughes</b>	CASE NO.: CHAPTER: 7
	<b>DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]</b>
Debtor(s).	[No hearing Required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date (Check only ONE box below):**

☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☒ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 5-2-22

Jason Darnell Hughes  
Printed name of Debtor 1

  
Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date** (Check only ONE box below):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of Debtor 2

\_\_\_\_\_  
Signature of Debtor 2